

Table 1 - Data Elements for Reporting Premium Assistance Payments

Data Element Name	Data Element Number	HIPP Value Single Beneficiary	HIPP Value Multiple Beneficiaries	Notes and Clarification
<b>Header Level Elements</b>				
TYPE-OF-CLAIM	COT037	"2" or "B"	"4" or "D"	<p><b>For Multiple Beneficiaries</b> Report as a service tracking claim. TYPE-OF-CLAIM = 4 is used for Medicaid and Medicaid expansion beneficiary payments. TYPE-OF-CLAIM = D is used for S-CHIP beneficiary payments.</p> <p><b>For Single Beneficiary</b> Report as a capitation payment. TYPE-OF-CLAIM = 2 is used for Medicaid and Medicaid expansion beneficiary payments. TYPE-OF-CLAIM = B is used for S-CHIP beneficiary payments.</p>
SERVICE-TRACKING-TYPE	COT059	"00"	"06"	<p><b>For Multiple Beneficiaries</b> Report as "Other" Service Tracking Payment</p> <p><b>For Single Beneficiary</b> Report as "Not a Service Tracking Payment"</p>
ADJUSTMENT-IND	COT025	"0", "1" or "4"	"6" or "5"	<p><b>For Multiple Beneficiaries</b> Report Debit Gross Adjustment (ADJUSTMENT-IND=6) for health insurance premium payments. If a premium payment is recouped, then a credit gross adjustment (ADJUSTMENT-IND=5) is reported instead.</p> <p><b>For Single Beneficiary</b> Report adjustment indicators consistent with guidance in Data Dictionary Appendix P.01.</p>
BILLING-PROV-NUM	COT112	See Notes and Clarification Column	See Notes and Clarification Column	Identifier used by the state to identify the payee (insurance carrier, health plan, or premium assistance policy holder identifier)
PAYMENT-LEVEL-IND	COT068	"1"	"1"	Indicates header level payment
FIXED-PAYMENT-IND	COT061	"1"	"1"	Indicates FFS fixed payment
MSIS-IDENTIFICATION-NUM	COT022	Report Beneficiary's MSIS ID	"&"	<p><b>For Multiple Beneficiaries</b> Do not add a beneficiary's MSIS identifier after the "&amp;" on the header level MSIS-IDENTIFICATION-NUM field if the premium assistance payment is for a policy that covers more than one beneficiary.</p> <p><b>For Single Beneficiary</b> Report the beneficiary's MSIS identification number.</p>
TOT-MEDICAID-PAID-AMT	COT050	Premium Payment	"0"	<p><b>For Multiple Beneficiaries</b> This field should be reported with zero. Premium payment is captured in the SERVICE-TRACKING-PAYMENT-AMT field.</p> <p><b>For Single Beneficiary</b> Report the amount paid towards the premium by the Medicaid agency.</p>
SERVICE-TRACKING-PAYMENT-AMT	COT060	"0"	Premium Payment	<p><b>For Multiple Beneficiaries</b> Report the total amount paid towards the health insurance premium payment</p> <p><b>For Single Beneficiary</b> This field should be reported with zero. Premium payments are captured in the TOT-MEDICAID-PAID-AMT field.</p>

Data Element Name	Data Element Number	HIPP Value Single Beneficiary	HIPP Value Multiple Beneficiaries	Notes and Clarification
BEGINNING-DATE-OF-SERVICE	COT033	Period of Coverage Start Date	Period of Coverage Start Date	Report the date on which the period of coverage related to this payment began.
ENDING-DATE-OF-SERVICE	COT034	Period of Coverage End Date	Period of Coverage End Date	Report the date on which the period of coverage related to this payment ends/ended.
<b>Line Level Elements</b>				
MSIS-IDENTIFICATION-NUM	COT157	Beneficiary's MSIS ID	"&" + MSIS ID	<p><b>For Multiple Beneficiaries</b> For each beneficiary on the policy, report the ampersand followed immediately the beneficiary's MSIS ID.</p> <ul style="list-style-type: none"> <li>The MSIS ID for the policy holder should be reported on the first claim line</li> <li>The MSIS ID for each Medicaid beneficiary on the policy should be reported on subsequent OT claim line records</li> </ul> <p><b>For Single Beneficiary</b> Report the beneficiary's MSIS identification number.</p>
LINE-ADJUSTMENT-IND	COT162	"0", "1" or "4"	"6" or "5"	<p>The value in this field should match the value reported in COT025 on the header record segment.</p> <p><b>For Multiple Beneficiaries</b> Report Debit Gross Adjustment (ADJUSTMENT-IND=6) for health insurance premium payments. If a premium payment is recouped, then a credit gross adjustment (ADJUSTMENT-IND=5) is reported instead.</p> <p><b>For Single Beneficiary</b> Report adjustment indicators consistent with guidance in Data Dictionary Appendix P.01.</p>
MEDICAID-PAID-AMT	COT178	Premium Payment	Premium Payment	<p><b>For Multiple Beneficiaries</b> Report the amount paid towards the premium by the Medicaid agency.</p> <p><b>For Single Beneficiary</b> Report the amount paid towards the premium by the Medicaid agency.</p>
BEGINNING-DATE-OF-SERVICE	COT166	Period of Coverage Start Date	Period of Coverage Start Date	Report the date on which the period of coverage related to this payment began.
ENDING-DATE-OF-SERVICE	COT167	Period of Coverage End Date	Period of Coverage End Date	Report the date on which the period of coverage related to this payment ends/ended.
TYPE-OF-SERVICE	COT186	"121"	"121"	Indicates health insurance premium payment
BENEFIT-TYPE	COT209	"065"	"065"	Indicates Other Medical Insurance Premium Payments. See T-MSIS Data Dictionary v2.0 Appendix H)
CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	COT210	All valid values	All valid values	Report the appropriate value identifying the source of federal funds for the premium payment
XIX-MBESCBES-CATEGORY-OF-SERVICE	COT211	"18E"	"18C" or "18E"	Report the value if CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT="1". Indicates payments other services including premium payments. See T-MSIS Data Dictionary v2.0 Appendix I for description of the value)

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XXI-MBESCBES-CATEGORY-OF-SERVICE	COT212	"1A", "1B", "1C", "1D", "31"	"1A", "1B", "1C", "1D", "31"	Report the value if CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT="2". Indicates payments other services including premium payments. See T-MSIS Data Dictionary v2.0 Appendix J for description of the value)